

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

GL-2214
(Inmate Number)

DEVON SMITH GL-2214
(Name of Plaintiff)

BOX A
(Address of Plaintiff)

BELLE FORT, PA 16823-0820

vs.

C/O 1 Gensamer / C/O 2 Sgt Davis

C/O 1 Stitzer / C/O 3 Lt Reese

C/O 1 Caputo / C/O 1 Gordon
(Names of Defendants)

1

CV 07-1802

(Case Number)

COMPLAINT

FILED
SCRANTON

OCT 03 2007

PER [Signature]
DEPUTY CLERK

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS

☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

~~_____~~ yes But I never followed up on it
so they dismissed it for failing to proceed in form papers
Civil Action No. 07-2448

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?

☒ Yes ☐ No

- B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes ☐ No

If your answer is no, explain why not

N/A

- C. Is the grievance process completed? ☐ Yes ☒ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant C/O 1 GENS AMER is employed
as C/O 1 OFFICER at SCI-ROCK VIEW RHU.
- B. Additional defendants ^{C/O 4} CAPTIN, K. Swantel, C/O 1 Stitzer, C/O 1 Caputo
C/O 1 Gordon C/O 3 Lt, Reese C/O 4 CAPTIN, Davis C/O 2 Sgt, Davis
C/O 4 CAPTIN, Eaton DR, John, Walker, Deputy, Lakes
Deputy, McMillan ^{C/O 4} CAPTIN, Bechdel

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. C/O 1 Stitzer ON 9-22-07 STOMPED MY ANUS IN THE FOOD SLOT AS I WAS
TRYING TO TELL HIM MY FOOD TRAY WAS MESSED UP AND HE GRABBED
MY RIGHT ANUS CAUSING ME SHARP PAIN AND DESTROYED ALL MY
LEGAL AND US MAIL I HAD AND SPIT IN MY FOOD TRAY MORE
THAN ONCE. AND HE DID NOT FEED ME DINNER
2. C/O 1 Gordon ON 9-22-07 HE GRABBED MY ANUS CAUSING ME A BIG BRUISE
ON MY RIGHT ANUS ALONG WITH C/O 4 STITZER THEN WROTE UP ON A
MISCONDUCT AND LIED AS I WAS LETTING HIM AND C/O 1 STITZER KNOW
MY FOOD TRAY WAS MESSED UP MEDICAL TOOK PICTURE OF MY ANUS
ALSO HE CALLED ME A BITCH ASS FAGGOT DO TO THE FACT I AM A HOMOSEXUAL. ALSO HE
DID NOT FEED ME DINNER
3. C/O 1 Caputo THREATENED TO BRAKE MY ANUS IF I DID NOT TAKE A FOOD TRAY
FROM HIM THAT WAS MESSED UP USING A FOOD CART TO REMOVE MY ANUS
FROM THE SLOT GRABBING IT AND TWIST IT BACK ALSO CALLED ME A DICK
EATING FAGGOT AND TOLD ME HE WILL KILL ME AND THEN RIPPED UP
MY GRIEVANCE I PUT IN ON HIM SAY HE WILL DESTROY ALL MY MAIL AND
PROPERTY AS C/O 1 STITZER DID IN THE PAST. AND HE DID NOT FEED ME ANY DINNER

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Put A Stay Away order on this officer And the Rest of the
Defendants in my Complaint Do to the fact he has Abused me And
Destroyed All my legal mail And us mail The Deputy's know
About this And Captain Beckdel who is part of this Complaint Form.
And pay Me for pain And Suffering in the Amount of 2050.
2. For the court to Make him stop the Abuse And put A Stay Away
order on him And pay for my Medical Bills A pain And Suffering in the
the Amount of 2,050 And all my Medical Bills Also And make sure it
Does not happen From Any more officers in this Jail.
3. For the court to put A Stay Away order on this officer And make
him pay 2,050 for my pain And Suffering And Make sure it Does not happen
From Any other officers in this Jail.

Signed this 29 day of September, 07.


 (Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

09-29-07
 (Date)


 (Signature of Plaintiff)

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT
UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

COVER SHEET

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

The cost for filing a civil rights complaint is \$350.00.

If you do not have sufficient funds to pay the full filing fee of \$350.00 you need permission to proceed *in forma pauperis*. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or**
- 2) the average monthly balance in your prison account for the past six months.**

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$350.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form.

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees.

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS

To whom it may concern I did my best in filling out the forms I take a lot of psych med so please do not be mad at me if I messed up I did my best I had no one to help me do this so I tried please help me my life is a real danger I need the courts help fast I swear I am not leary to go I have be sexually abused psychically abused all my life by my family no those people are hurting me please

help me if you can sorry for uniting up the back of this I have no other paper they destroy all my papers please get me a lawyer I have no money I get SST and SST checks but than cutoff because I am in jail I have a casher want I can who over sees all my money he want send it to me he keeps it for 405 & 05 please a home sexual And they hope me And make dead. Devond Smith

NAME: DEVON SMITH
NUMBER: Q-2214
BOX A
BELLEFONTE, PA. 16823-0820

**INMATE MAIL
PA DEPT OF
CORRECTIONS**

Office of the Clerk

United States District Court

William S. Neenan Federal Bldg. & U.S. Courthouse

235 North Washington Ave

P.O. Box 1148

Scranton, PA 18501-1148



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OCT 01 2007
MAILED FROM ZIP CODE 16823



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**RECEIVED
SCRANTON**

OCT 01 2007

MARY E
BEN

CLERK

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